

RECEIVED
CENTRAL FAX CENTER

OCT 13 2005

Patent Attorneys

S T I E N N O N & S T I E N N O N

P.O. Box 1667; Madison, WI 53701-1667; phone (608) 250-4870; Fax (608) 250-4874

This transmission is intended for the exclusive use of the named recipient. If you are not the named recipient, you are hereby notified that any use, copying, disclosure or distribution of the information transmitted herewith may be subject to legal restriction or sanction, and you are requested to notify us by telephone (collect) (608) 250-4870 to arrange for return or destruction of the information and all copies.

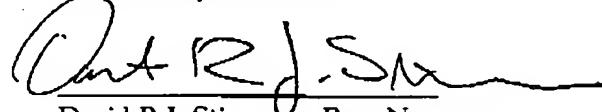
Fax to: U.S. Patent and Trademark Office
Group Art Unit 3725
At Fax No.: (571) 273-8300
USPTO central facsimile number
From: David R. J. Stiennon
Date: October 13, 2005
Time: _____
App. No.: 10/517,718
Our Ref.: TAMPPAT-12

This transmission has 3 pages (including this sheet)

The original PTO/SB/81 Power of Attorney executed by Keijo Laaksonen was attached to the Notice of Recordation of Assignment Document mailed to the applicant. This document was originally filed December 10, 2004, as part of the entry into the U.S. National Stage.

Attached herewith are copies of both of the PTO/SB/81 Power of Attorney documents. It is requested that they be entered in the file history for this application.

Respectfully submitted



David R.J. Stiennon, Reg. No. 33212
Applicant for Attorney

10/13/2005 14:04

16082504874

RECEIVED
CENTRAL FAX CENTER
STIENNEN & STIENNEN10/21/05
PAGE 02

OCT 13 2005

Rec'd PTO/USPTO 10 DEC 2004

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Jonna Haag
Title	Relief cylinder structure of a multimap calendar
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

 Practitioners at Customer Number

36528

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number Place Customer
Number Bar Code
Label here

OR

 Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/ISB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Keijo Laaksonen
Signature	
Date	29th October 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 Total of .. forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Rec'd PTO/PTO 10 DEC 2004
10/13/2004

PTO/SB/61 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Jorma Haag
Title	Relief cylinder structure of a multimap calendar
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

Practitioners at Customer Number
OR
 Practitioner(s) named below:

36528

Place Customer
Number Bar Code
Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.
OR
 Practitioners at Customer Number

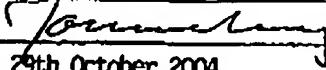
Place Customer
Number Bar Code
Label here

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Jorma Haag
Signature	
Date	29th October 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.